

CLAIMS ONLY						Application Number 10-697367		Filing Date			
						Applicant(s)					
						• May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep		
1							51				
2							52				
3							53				
4							54				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	5		3				Total Indep				
Total Depend	16		4				Total Depend				
Total Claims	21		7				Total Claims				